

CodeRED® - DO NOT CALL FORM Release and Assumption of Risk

Please fill in the information below to be removed from the City of Fremont CodeRED® community alert system database.

Name:			
	Last (or, Name of Bus	siness) First	
Phone number(s) to b	e taken out of CodeRE	ED [®] system:	
(510)	(5	510)	_
(510)	(5	510)	_
Current Address in th	ne City of Fremont:		
Number	Street		Zip
Authorization, Rel	ease of Claims and	Assumption of Risk:	
		CALL list for all CodeRED® ale	erts issued by
		elease of claims and assumpti	
authority to execute	e this Do Not Call a	, certi authorization on behalf of all	occupants of
* * *		agree that in the case of a lif	
_ ,		tion notification, the City of	
		ne other occupants of the prop	
		system. I further certify tha	
Fremont has advis	sed me against ren	noving my name and numb	er from the
	-	at I choose to do so at my o	
		f risk, I assume all risks associ	
		e CodeRED® call list and waive address above, any and all c	•
_	* * *	yees, arising out of or related	
		ED [®] community alert system.	to the familie
		22 community after system.	
Signed:		Date:	
and the second of the second	1E / E	C'. H. II. 2200 C. '. I.A	*1 1* A

Mail or bring in the signed Form to: Fremont City Hall, 3300 Capitol Avenue, Building A, Fremont, CA 94538.